

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | TH       | 953    | 03-02-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        | ✓    |
| 5        | ✓    |
| 6        | ✓    |
| 7        | ✓    |
| 8        | ✓    |
| 9        | ✓    |
| 10       | ✓    |
| 11       | ✓    |
| 12       | ✓    |
| 13       | ✓    |
| 14       | ✓    |
| 15       | ✓    |
| 16       | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy

L.L.  
03/05/01